

Name
in
Full

Infant - no name

Bounds

CERTIFICATE OF DEATH

Died at *White Haven*

White Haven

MARYLAND

Date of death 1909 Oct 20

Age

Months 4 Days

Sex *Male*
Occupation

Color or Race

White

Birth-place *White Haven*

Where Residing if not at place of death

White Haven

Married, Single or Widowed

Name of Wife or Husband

Father's Name *George W. Bounds*

Father's Birthplace *Greenville*

Mother's Maiden Name *Mary Bounds*
Name of person giving information

Mother's Birthplace *Greenville*

How related to deceased

CAUSES OF DEATH

29

Primary *Bowel's Consumption*

How long *Since born*

Immediate *Obstruction*

How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

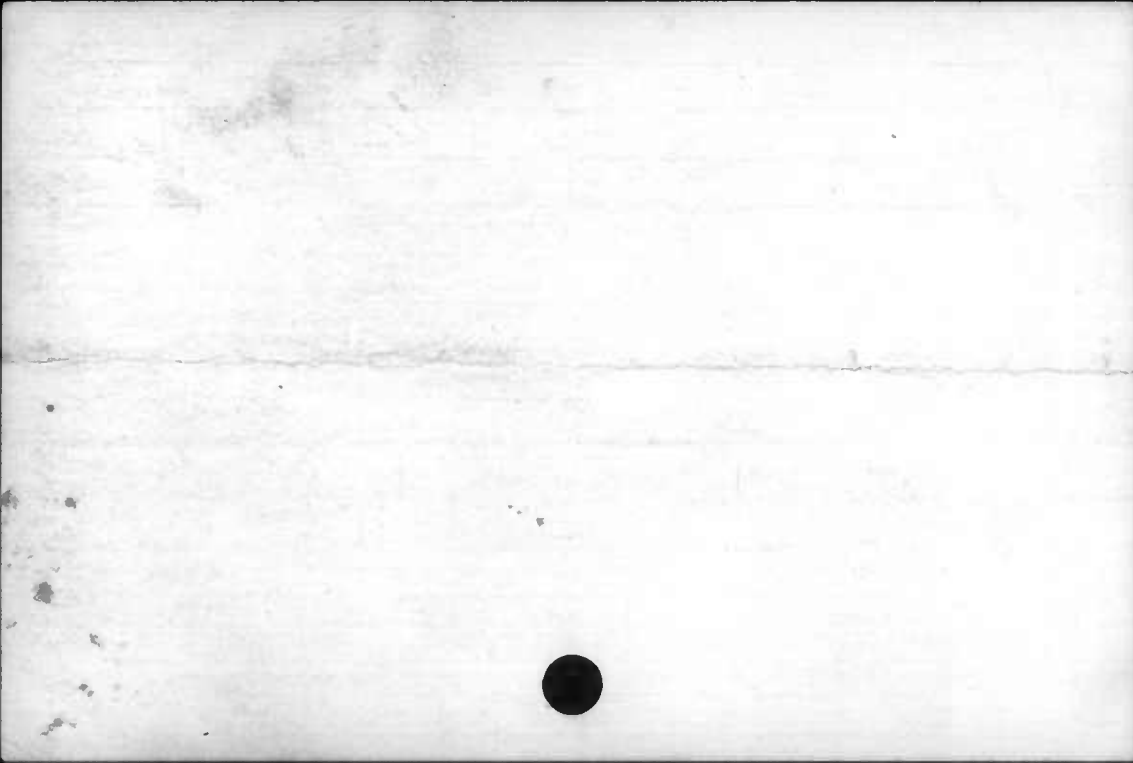
Address

W. J. Carter
White Haven

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Martha J. Brown

CERTIFICATE OF DEATH

Died at ^{Town} Near Shilpstown ^{County} Neomies MARYLAND

Date of death 1909 ^{Month} Oct ^{Day} 10 Age ^{Years} ^{Months} ^{Days}

Sex Female Color or Race Col - Birth-place Neomies

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband William E Brown

Father's Name Peter Emis Father's Birthplace Neomies Co

Mother's Maiden Name Mary Gillis Mother's Birthplace "

Name of person giving Information William W^c Glotten How related to deceased Cousin

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

27

Primary Pneumonia How long 2 weeks

Immediate Tuberculosis How long 9 months

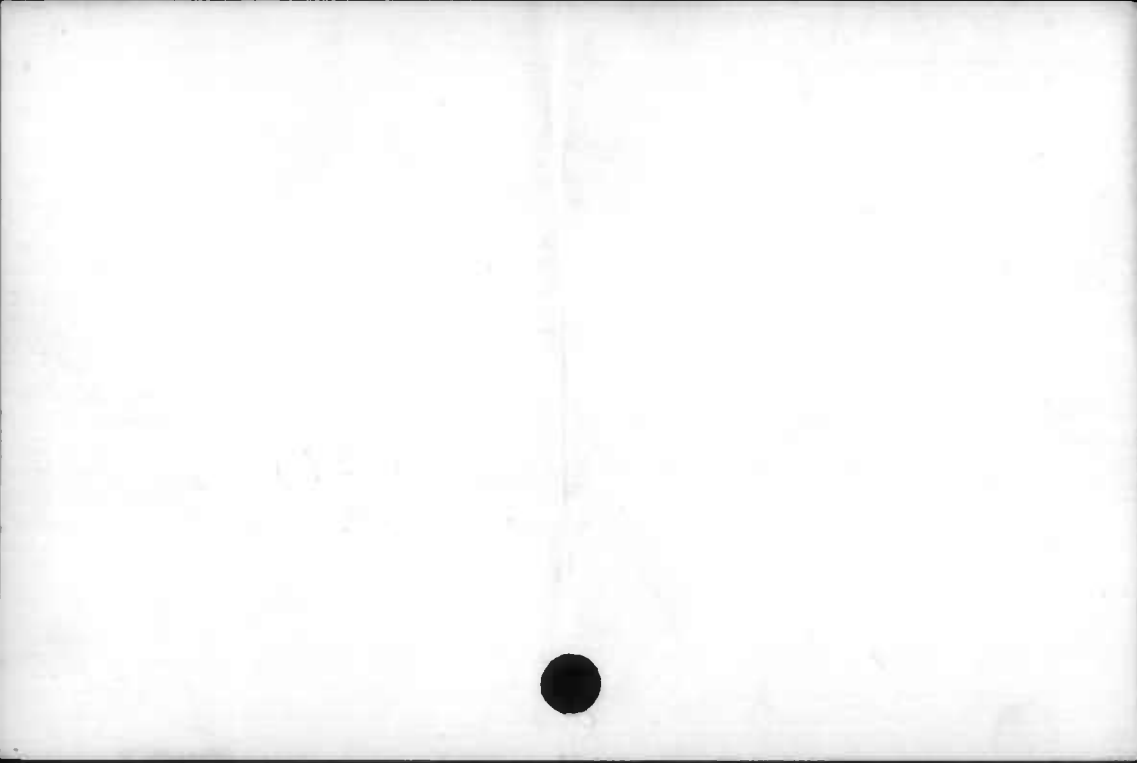
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. W. Gorman

Address Sharplow - Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Mary. L. Collins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

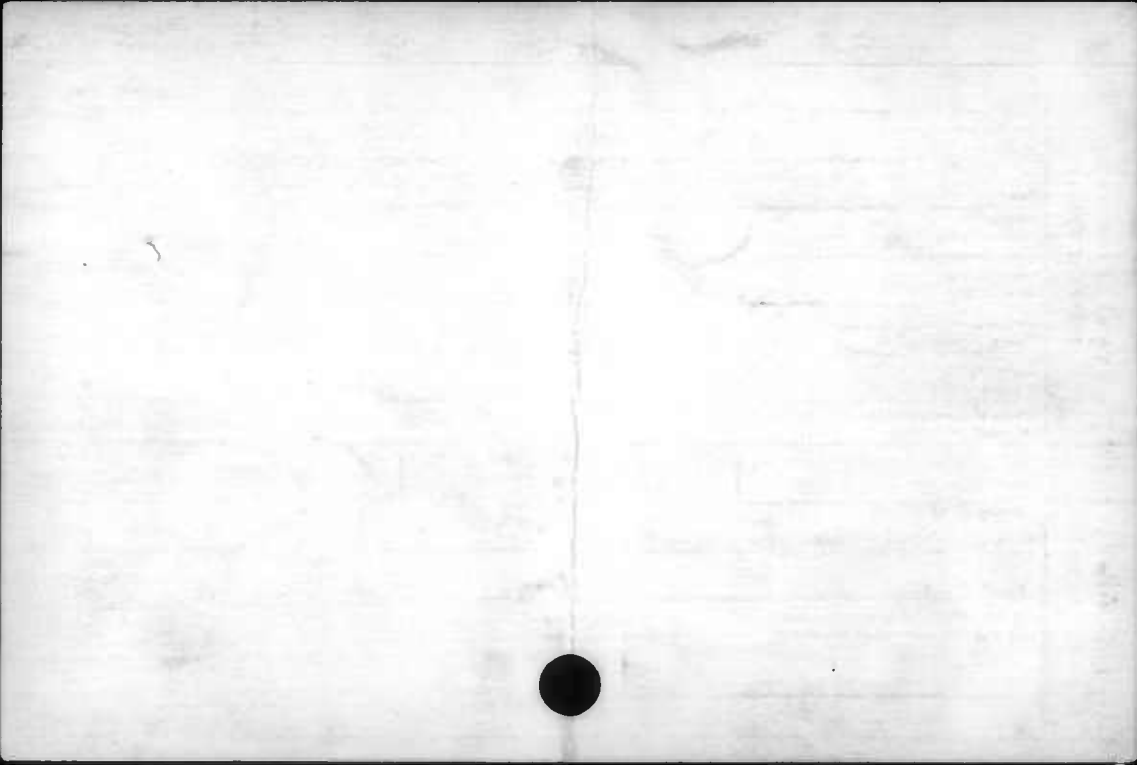
Died at <i>Bivalve</i>		Town		<i>Wicomico</i>		County	
Date of death <i>1909 Oct</i>		Month		Day <i>11</i>		Age	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>		MAYLAND	
Occupation <i>Housekeeper</i>		Where Residing if not at place of death <i>Bivalve</i>		Months		Days	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Levin B. Collins</i>		Father's Name <i>John W. Efford</i>		Father's Birthplace <i>Maryland</i>	
Mother's Maiden Name <i>Mary A. Robertson</i>		Mother's Birthplace <i>Maryland</i>		Name of person giving Information <i>Levin B. Collins</i>		How related to deceased <i>Husband</i>	

CAUSES OF DEATH

27

Primary	<i>Tuberculosis</i>	How long	<i>28 months</i>
Immediate	<i>Same</i>	How long	<i>Same</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>G. W. Belton Jr. M.D.</i>	
		Address <i>Bivalve Md.</i>	
Accident or Suicide			

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Lorenzo Low Dashill

Town

County

MARYLAND

Died at

Salisbury

Wicomico

Date
of death

1909

Month

Oct.

Day

18th

Age

Years

62

Months

3

Days

0

Sex

Male

Color or
Race

Black

Birth-
place

Maryland

Occupation

Farming

Where Residing if not
at place of death

Married, ~~Single~~
~~or Widowed~~

Name of Wife or
Husband

Mary Dashill

Father's
Name

Not Known

Father's
Birthplace

not Known

Mother's
Maiden Name

Not known

Mother's
Birthplace

Name of person giving
Information

Emma Fletcher

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Chronic Nephritis

How long

1 year

Immediate

Toxemia

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

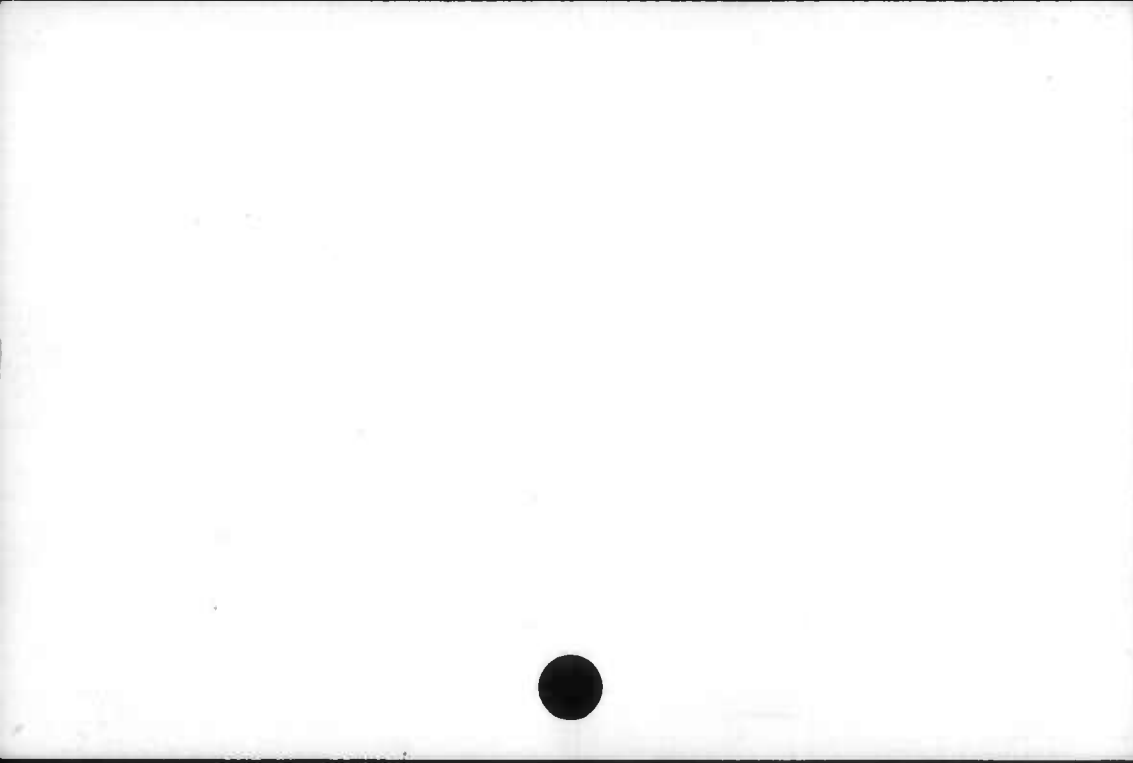
Address

B. J. Rott
Salisbury
Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Brinkley A Hearn

CERTIFICATE OF DEATH

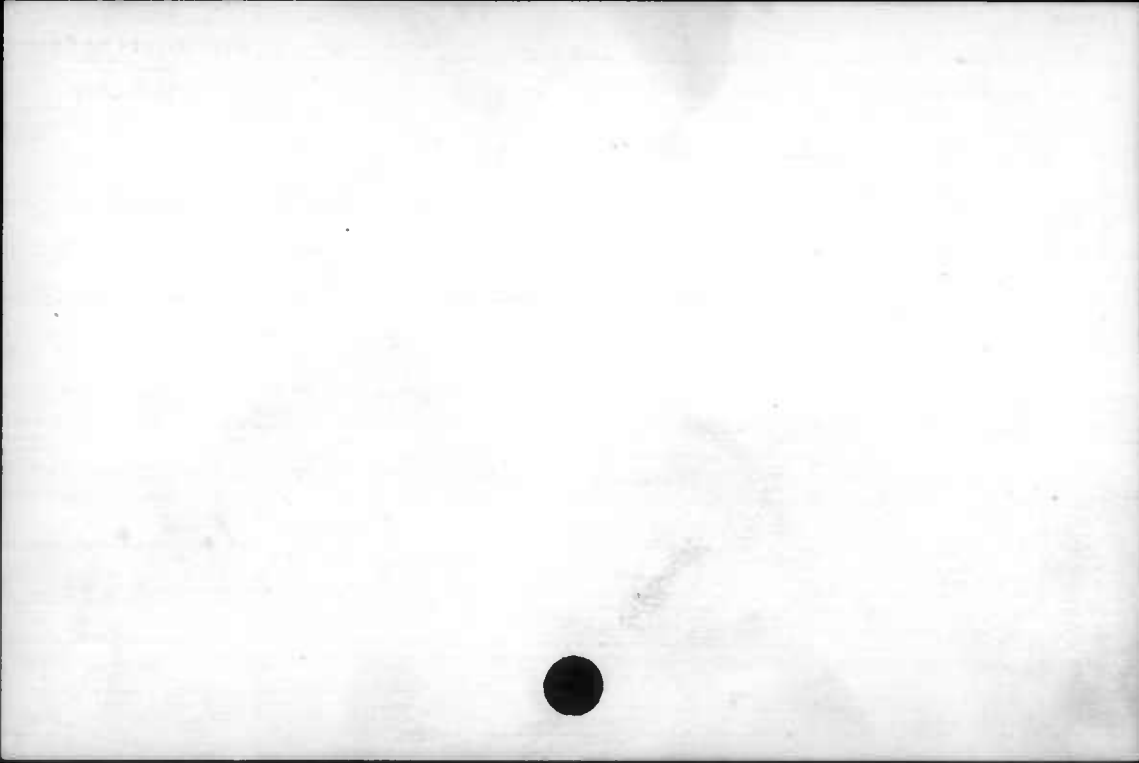
TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} near Salisbury ^{County} Wisconsin **MARYLAND**Date of death 1909 ^{Month} Oct ^{Days} 31 Age ^{Years} 80 ^{Months} 11 ^{Days} 23Sex ^{male} Color or Race ^{White} Birth-place ^{md}Occupation ^{Farmer} Where Residing if not at place of death~~Married, Single or Widowed~~ Name of Wife or ~~Husband~~ ^{Sarah A Hearn}Father's Name ^{Joseph Hearn} Father's Birthplace ^{md}Mother's Maiden Name ^{Sally Nelson} Mother's Birthplace ^{md}Name of person giving Information ^{Thomas A Hearn} How related to deceased ^{grand son}

CAUSES OF DEATH

27

PHYSICIAN
OR CORONERPrimary ^{Tuberculosis} How long ^{Don't know}Immediate ^{La Grippe} How long ^{Two days}Are the name, age, sex, color, date and place correctly given above? ^{yes} Signature of Physician ^{Geo. H. Todd}Address ^{Salisbury md}

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Rev. Charles E. Hensley

Died at ^{Town} Nanticoke ^{County} Wicomico

MARYLAND

Date of death 1909 Oct 3rd Age 48 Months 4 Days 14

Sex Male Color or Race Colored Birth-place Centreville, Md.

Occupation Preacher Where Residing if not at place of death Nanticoke, Md.

Married, Single or Widowed Married Name of Wife or Husband Mary E. Hensley

Father's Name Isaac Hensley Father's Birthplace Md.

Mother's Maiden Name Violet Wilkon Mother's Birthplace Md.

Name of parson giving Information Rev. Mr. T. Hensley How related to deceased Brother.

CAUSES OF DEATH

64

PHYSICIAN
OR CORONERPrimary Cause apparent How long
Immediate Cerebral Haemorrhage How long 4 hours

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician Address Edward E. Lankford

Accident or Suicida Nanticoke, Md.



Name
in
Full

CERTIFICATE OF DEATH

George Johnman

Town

County

MARYLAND

Died at

Salisbury

McCrister

Date

Month

Day

Years

Months

Days

of death

1909 Oct.

29

Age

70 (?)

Sex

Male

Color or
Race

Colored

Birth-
place

Wm

Occupation

Fanner

Where Residing if not
at place of death

Married, Single
or Widowed

Don't know

Name of Wife or
husband

Don't know

Father's
Name

Don't know

Father's
Birthplace

Don't know

Mother's
Maiden Name

Don't know

Mother's
Birthplace

Don't know

Name of person giving
Information

P. G. Hospital

How related
to deceased

none

CAUSES OF DEATH

Primary

Pneumonia

How long

6 weeks

Immediate

Pneumonia

How long

1 week

Are the name, age, sex, color, data
and place correctly given above?

Yes

Signature of
Physician

Address

McCrister

Salisbury Md

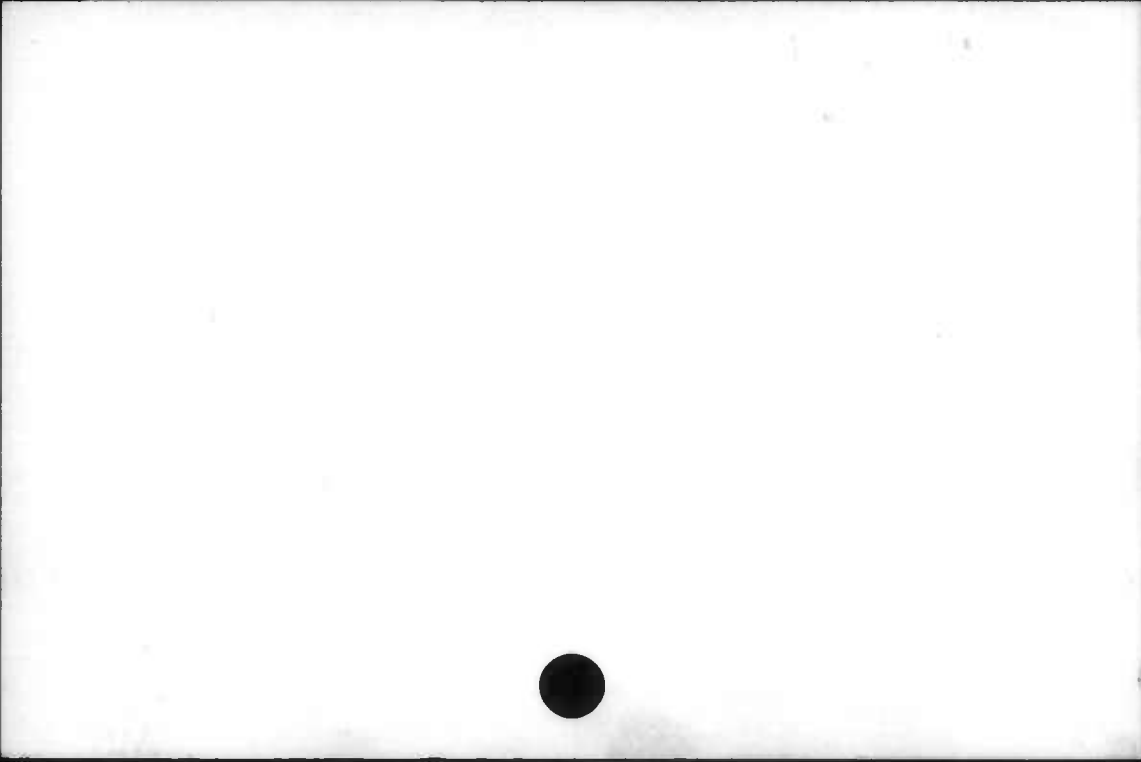
Accident or Suicida

no

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

93



Name
in
Full

CERTIFICATE OF DEATH

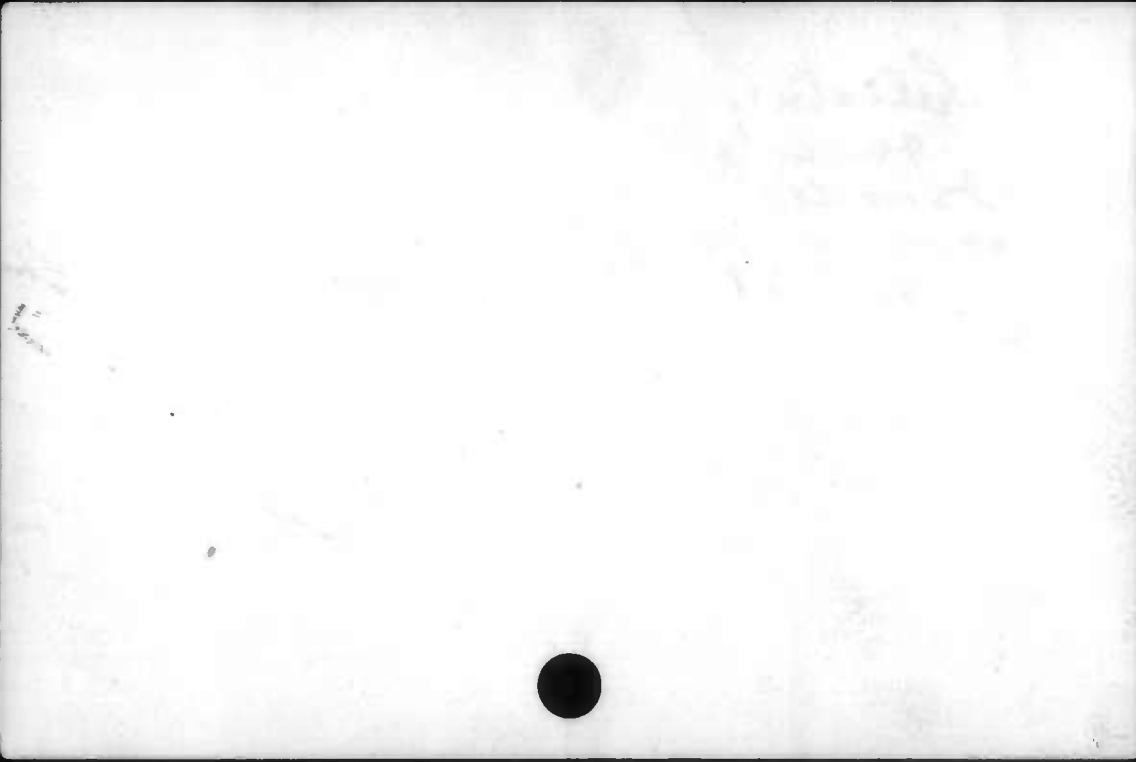
TO BE ANSWERED BY
NEAREST FRIEND

Died at *Salisbury* ^{Town} *McComis* ^{County} *MARYLAND*
 Date of death *1909 Oct. 31* ^{Month} *31* ^{Day} *38* ^{Years} *38* ^{Months} *09* ^{Days}
 Sex *Female* Color or Race *Colored* Birth-place *Wilconita Co*
 Occupation *Housework* Where Residing if not at place of death *Rose St 609*
 Married, Single or Widowed *Widowed* Name of Wife or Husband *George Magnus Lenoard*
 Father's Name *Permel* Father's Birthplace *Wilconita Co*
 Mother's Maiden Name *Ann* Mother's Birthplace *" "*
 Name of person giving Information *George Lenoard* How related to deceased *Husband*

CAUSES OF DEATH

Primary *Bright's Disease* How long *4 months from history*
 Immediate *Uremia* How long *2 hours*
 Are the name, age, sex, color, date and place correctly given above? *Yes so far as obtainable*
 Signature of Physician *J. M. Davis* Address *Salisbury Md.*
 Accident or Suicide *No*

PHYSICIAN
OR CORONER



Name
in
Full

Flora Lee Mills

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

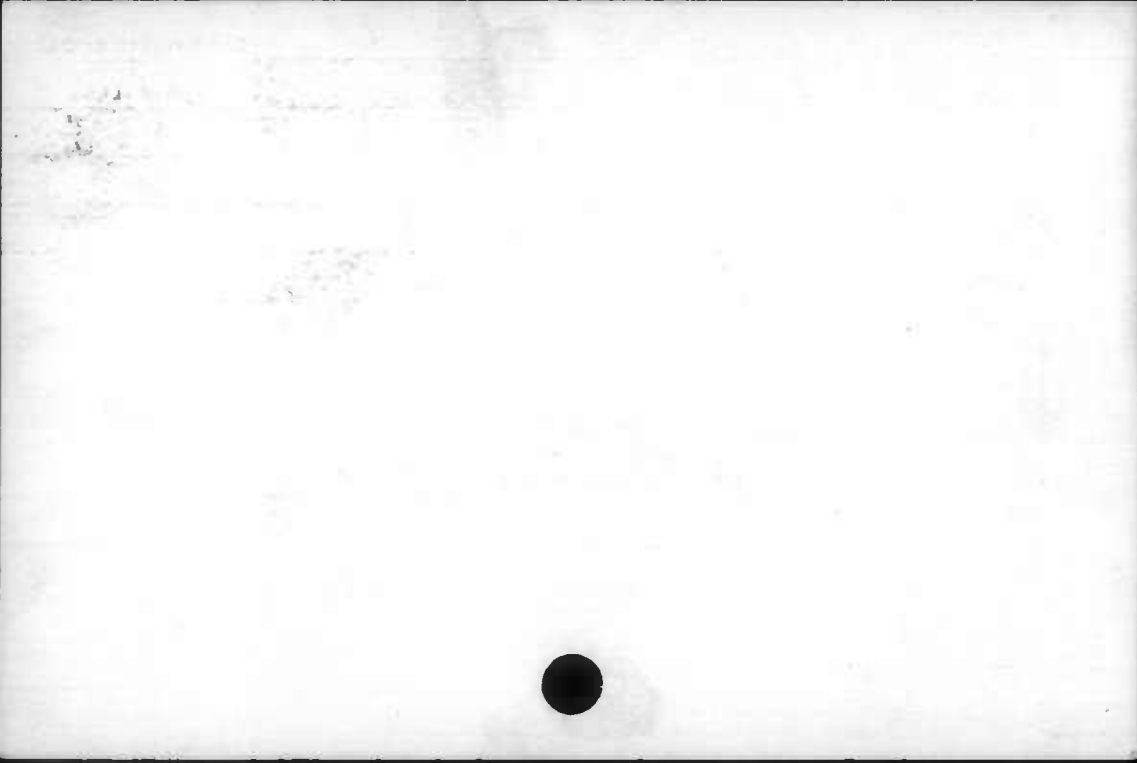
Died at <i>Sehman</i> Town		<i>Hickory</i> County		MARYLAND	
Date of death	190 <i>9</i> Month <i>Oct</i>	Day <i>6</i>	Age <i>22</i> Years	Months <i>2</i>	Days <i>20</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>MD</i>			
Occupation <i>House wife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Carl L Mills</i>				
Father's Name <i>Benjamin Friett</i>	Father's Birthplace <i>MD</i>				
Mother's Maiden Name <i>Ellen Palmer</i>	Mother's Birthplace <i>MD</i>				
Name of person giving Information <i>Carl Mills</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

①

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>12 days</i>
Immediate <i>Pneumonia</i>	How long <i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>James Brayshaw</i>
	Address <i>Sehman Delaware</i>
Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

Died at

Salisbury

Town

County

Wicomico

MARYLAND

Date

of death

1909

Month

Oct.

Day

9th

Age

Years

0

Months

1

Days

13

Sex

Female

Color or
Race

White

Birth-
place

Salisbury

Occupation

Where Residing if not
at place of death~~Married~~ Single
~~or Widowed~~

Single

Name of Wife or
HusbandFather's
Name

Charles Parker

Father's
Birthplace

Wicomico Co. Md.

Mother's
Maiden Name

Elizabeth Parsons

Mother's
Birthplace

" " "

Name of person giving
Information

Charles Parker

How related
to deceased

Father

CAUSES OF DEATH

Primary

How long

85

Immediate

Pneumonia (Haemorrhagic)

How long

Three days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

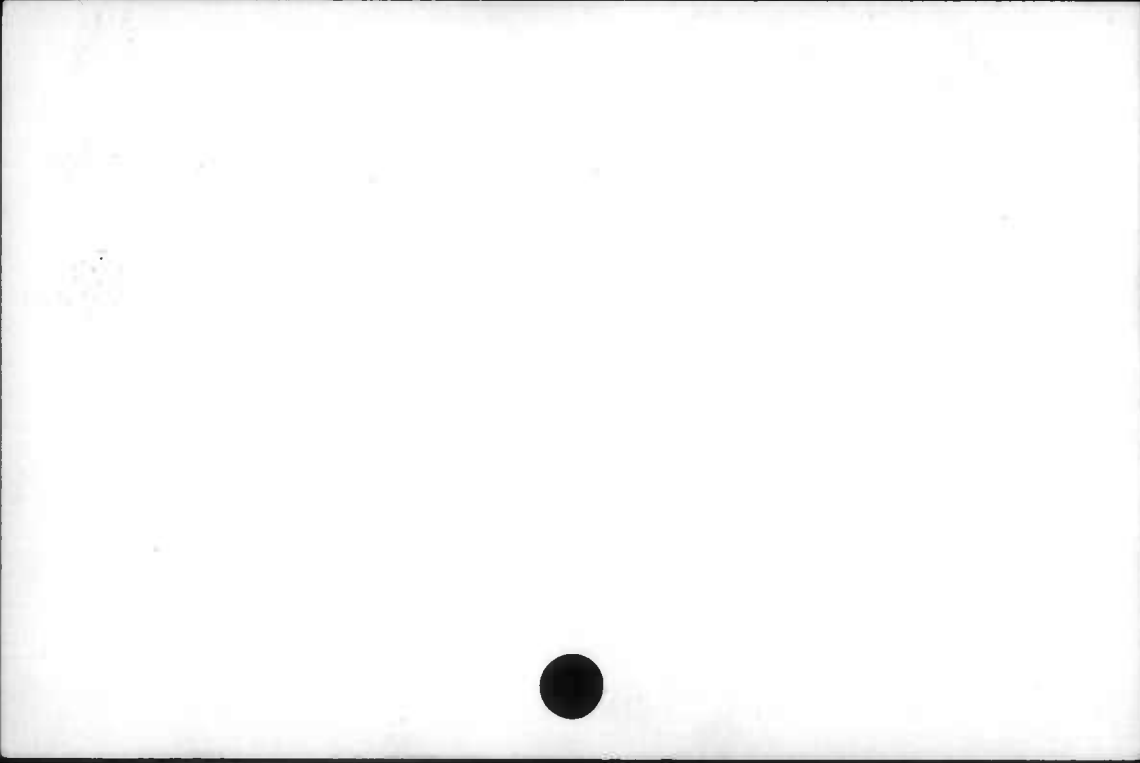
Address

Harry C. Reed
Salisbury Md

Accident or Suicide

X

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Lizzie Purnell

Town

County

MARYLAND

Died at Salisbury P.G. Hospital

Wicomico

Date
of death 1909

Month

Day

Years

Months

Days

Oct. 26th Age 65

Sex Female

Color or
Race

Negro

Birth-
place

Berlin Md.

Occupation

Housewife

Where Residing if not
at place of death

Near Berlin Md.

Married, Single
~~or Widowed~~

Married

Name of Wife or
Husband

William J. Purnell

Father's
Name

Peter Massey

Father's
Birthplace

Berlin Md.

Mother's
Maiden Name

Not Known

Mother's
Birthplace

—

Name of person giving
Information

Dr. F. P. Henry

How related
to deceased

None

CAUSES OF DEATH

131

Primary

Druoid Cyst right ovary

How long

1 year

Immediate

Embolicism

How long

7 years

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Salisbury, Md

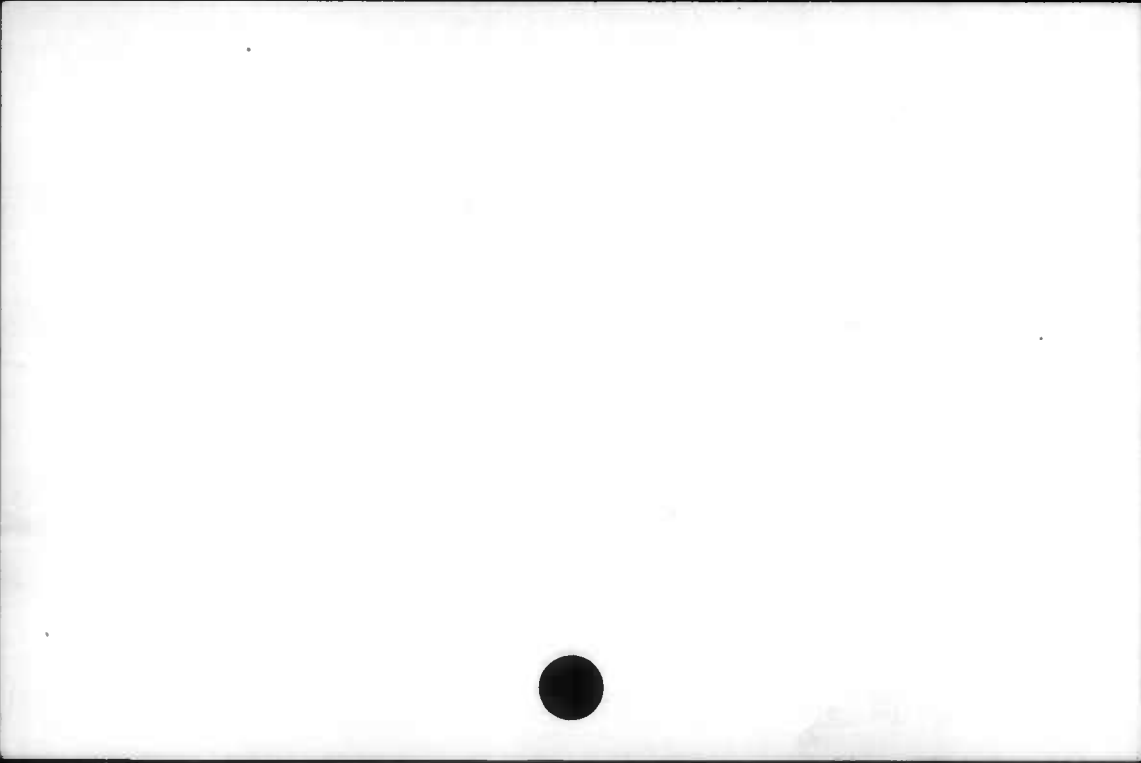
Accident or Suicide

No

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

2



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Ames Revell

Town *Salisbury* County *Wicomico*

Died at *Salisbury*

Date of death 190 *9* Month *Oct* Day *9* Age *23* Months *8* Days *25*

Sex *male* Color or Race *white* Birth-place *Md*

Occupation *Laborer* Where Residing if not at place of death

Married, ~~single~~ *single* Name of Wife or ~~husband~~ *Ethel Revell*

Father's Name *Robert C Revell* Father's Birthplace *Md*

Mother's Maiden Name *Annie E Cannon* Mother's Birthplace *Md*

Name of person giving Information *Robert C Revell* How related to deceased *Father*

CAUSES OF DEATH

Primary *Tubercular Pleurisy* How long *3 Mo*

Immediate *Same* How long *"*

Are the name, age, sex, color, date and place correctly given above?

yes

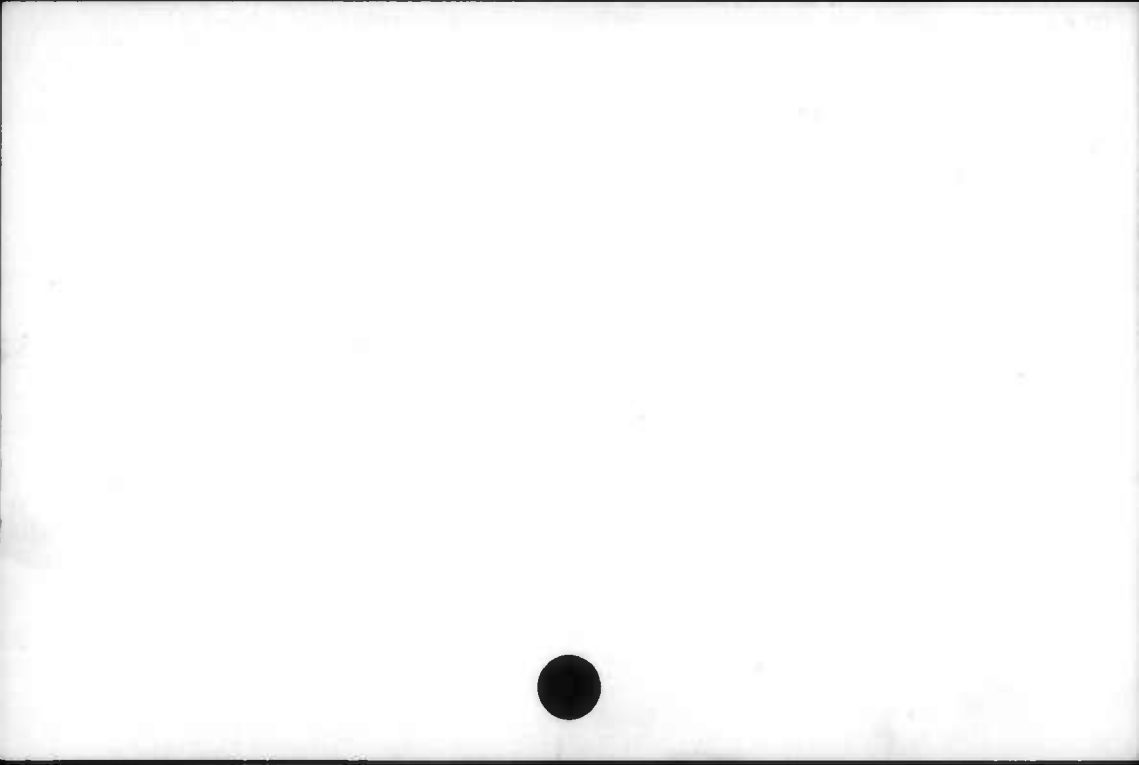
Signature of Physician

Address

Nary True
Salisbury Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town *Salisbury* County *Wicomico* MARYLAND

Died at *Salisbury*

Date of death 190 *9* Oct *17* Age *74* Months *2* Days *3*

Sex *Male* Color or Race *White* Birth-place *Somerset*

Occupation *Farmer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Emma Riggins*

Father's Name *Henry Riggins* Father's Birthplace *Somerset*

Mother's Maiden Name *Rebecca Stuart* Mother's Birthplace *"*

Name of person giving Information *Emma Riggins* How related to deceased *Wife*

CAUSES OF DEATH

125

PHYSICIAN
OR CORONER

Primary *Enlarged prostate* How long *About 3 years*

Immediate *Cystitis* How long *1 month*

Are the name, age, sex, color, date and place correctly given above? *So far as I know*

Signature of Physician *J. M. Dink* Address *Salisbury Md*

Accident or Suicide *No*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

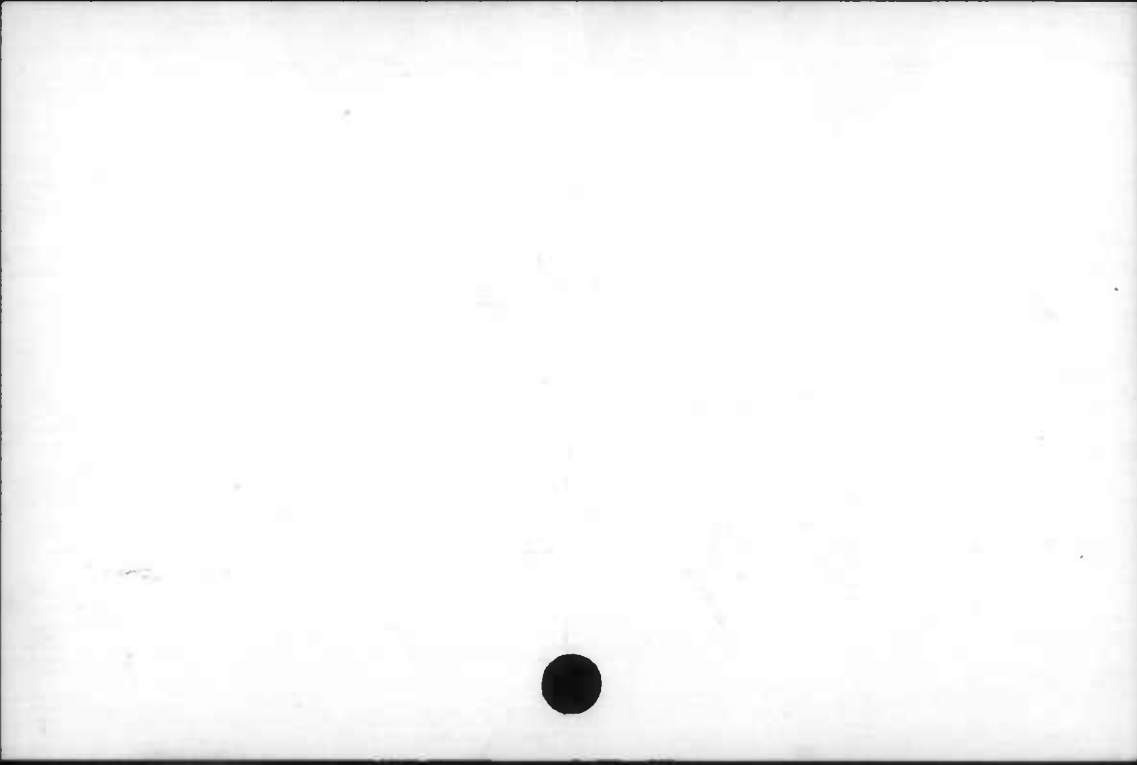
Name in Full <i>John Curtis Robinson</i>		Town <i>Riverton</i>		County <i>Nicomies</i>		MARYLAND	
Died at <i>Riverton</i>		Month <i>9</i>		Day <i>4</i>		Years <i>—</i>	
Date of death <i>1909 Oct 4</i>		Age <i>—</i>		Months <i>2</i>		Days <i>17</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Near Mandela.</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>John E. Robinson</i>		Father's Birthplace <i>Nicomies</i>					
Mother's Maiden Name <i>Edith M. Walker</i>		Mother's Birthplace <i>Shaptown</i>					
Name of person giving Information <i>John E. Robinson</i>		How related to deceased <i>Father.</i>					

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary		How long <i>✓</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>No Doctor</i>	
		Address <i>found dead</i>	
Accident or Suicide		<i>Walter C. Mann</i>	



Name
in
Full

Bertha Ruark

CERTIFICATE OF DEATH

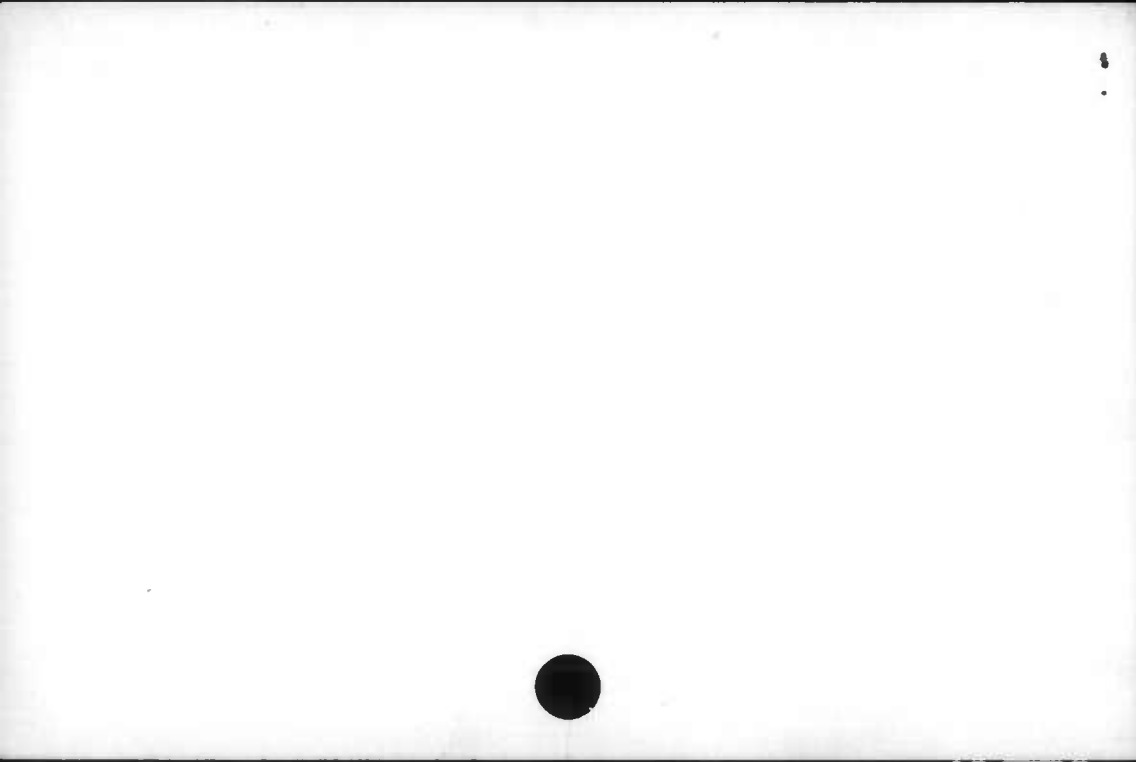
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i>		Town <i>Salisbury</i>		County <i>Micomico</i>		MARYLAND	
Date of death 190 <i>9</i>		Month <i>Oct</i>	Day <i>6th</i>	Age <i>35</i>	Years	Months <i>11</i>	Days <i>28</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Salisbury Md</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>E H W Ruark</i>		Father's Birthplace <i>Micomico Co</i>					
Mother's Maiden Name <i>Georgia A Lowe</i>		Mother's Birthplace <i>Micomico Co</i>					
Name of person giving Information <i>E H W Ruark</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Apoplexy</i>	<i>64</i>	How long <i>2 hours</i>
Immediate	<i>Same</i>		How long <i>Same</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Harry C Trull</i>	
		Address <i>Salisbury Md</i>	
Accident or Suicide <i>X</i>			



Name
in
Full

Seaboard

Infant Child

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town *near Athol* County *Wisconsin* **MARYLAND**

Died at *near Athol*

Date of death 1909 Month *10* Day *16* Age *—* Months *—* Days *30*

Sex *Female* Color or Race *White* Birth-place *—*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *John Seaburn* Father's Birthplace *Athol*

Mother's Maiden Name *Orlila Jackson* Mother's Birthplace *Athol*

Name of person giving Information *John Seaburn* How related to deceased *Father*

CAUSES OF DEATH

189

How long

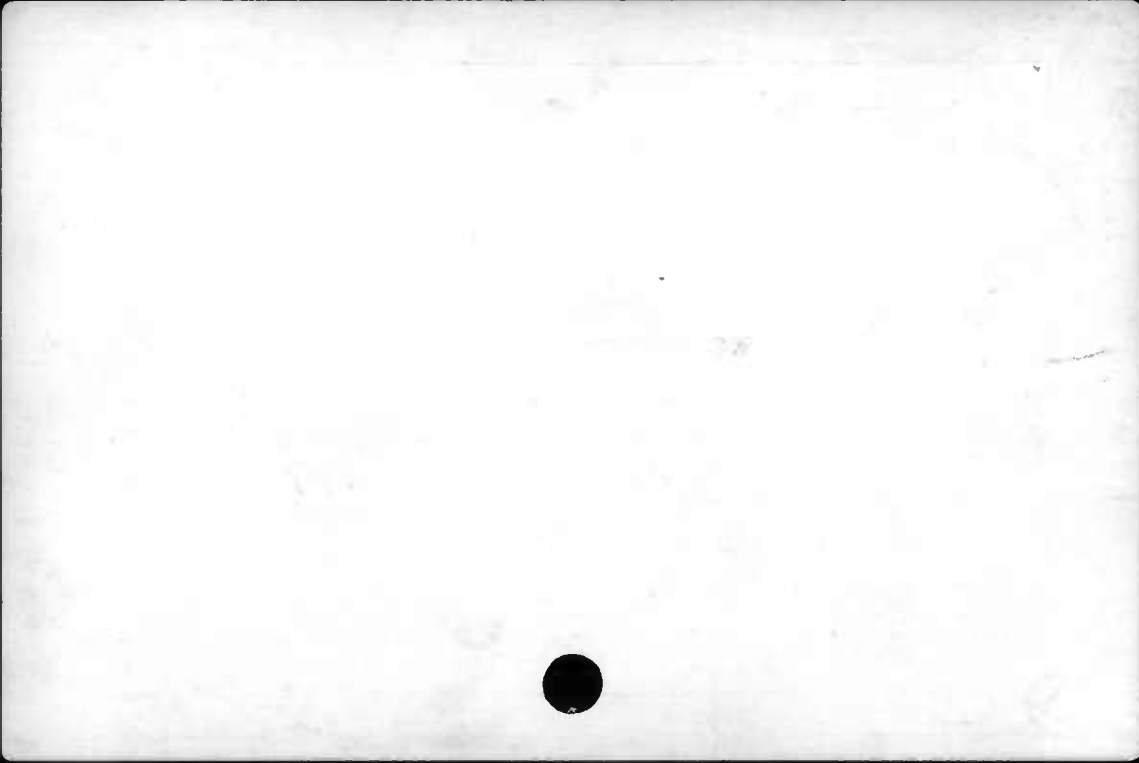
30 days

How long

1 hour

PHYSICIAN
OR CORONERPrimary *General Debility*Immediate *Heart-failure*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *J. L. English coroner*Address *Mandeville Springs, Md.*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George W Smith

Town *Salisbury* County *Wicomico*

Died at *Salisbury*

Date of death 190 *9* Month *Oct* Day *9* Age *64* Years Months Days

Sex *male* Color or Race *white* Birth-place *Md*

Occupation *Meacham* Where Residing if not at place of death *Beltsville Md.*

Married, Single or Widowed ~~Single~~ Name of Wife or ~~Husband~~ *Annie Smith*

Father's Name *Littleton Smith* Father's Birthplace *Md*

Mother's Maiden Name *Annie Branch* Mother's Birthplace *Md*

Name of person giving Information *George L Smith* How related to deceased *son*

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

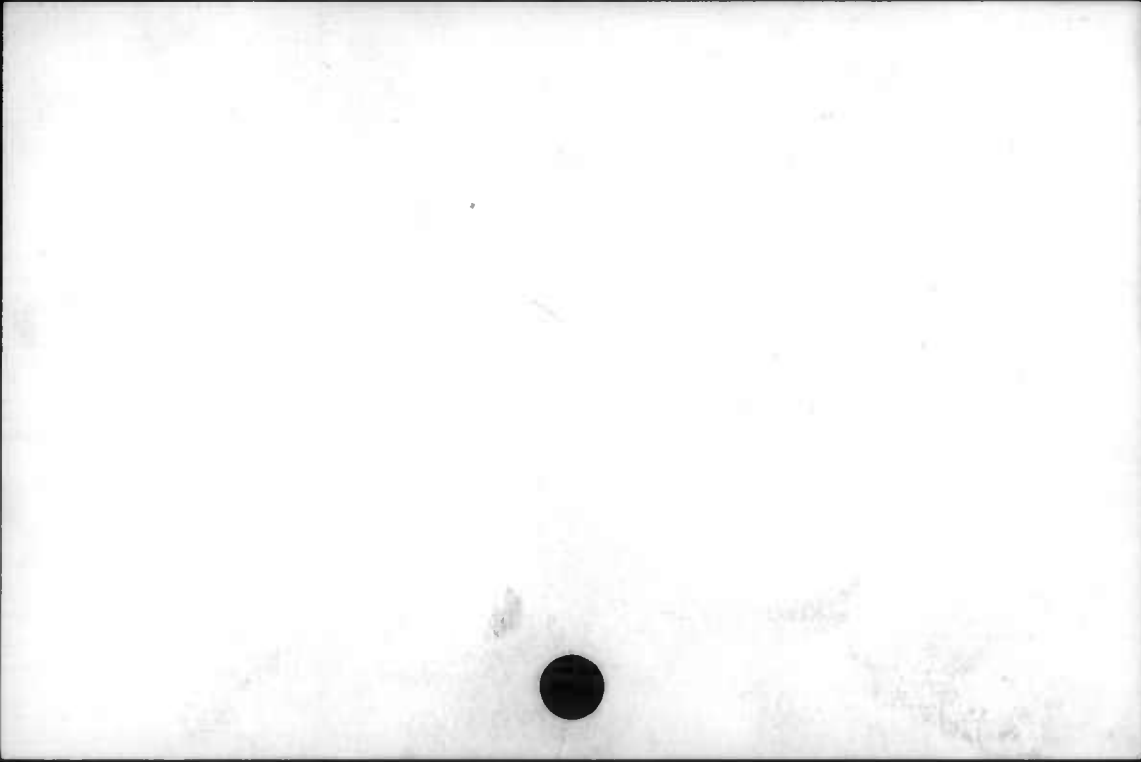
Primary *Acute Indigestion* How long *44 hours*

Immediate *Ant Keen* How long *Ant Keen*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Lawrence M. D.* Address *Beltsville Md.*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Maggie M Triggs* Town *Salisbury* County *Wicomico*
Died at *Salisbury*
Date of death 190 *1* Month *Oct* Day *25* Age *1* Years *28* Months *1* Days *28*
Sex *Female* Color or Race *white* Birth-place *Md*
Occupation _____ Where Residing if not at place of death _____

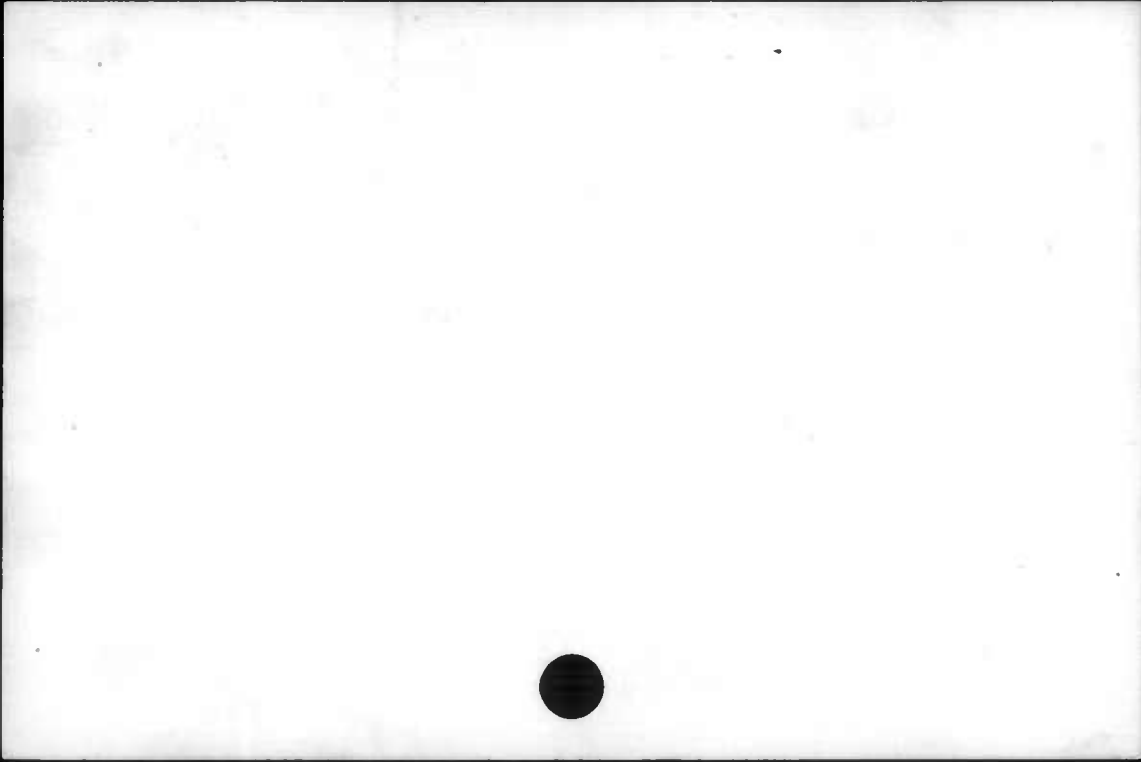
Married, Single _____ or Widowed _____ Name of Wife or Husband _____
Father's Name *Moody Triggs* Father's Birthplace *Md*
Mother's Maiden Name *Lena M Magee* Mother's Birthplace *Md*
Name of person giving Information *Moody Triggs* How related to deceased *Father*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary *Enteric Colitis* How long *✓*
Immediate *Exhaustion* How long *few days*
Are the name, age, sex, color, date and place correctly given above? *Yes*
Signature of Physician *Geo. H. Todd*
Address *Salisbury Md*
Accident or Suicide _____



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Georgia Maria Turpin

CERTIFICATE OF DEATH

Died at *Delmar* Town

County

Wicomico County

MARYLAND

Date
of death *1909*Month
*10*Day
*6*Age
0

Years

8

Months

12

Days

Sex
*Female*Color or
Race*White*Birth-
place*Bladensburg Md*

Occupation

*Infant*Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband*Irene. Turpin*Father's
Name*George. Henry Turpin*Father's
Birthplace*Greenwood, Del*Mother's
Maiden Name*Margaret Irene Summers*Mother's
Birthplace*Bladensburg Md*Name of person giving
information*George H. Turpin*How related
to deceased*Father*

CAUSES OF DEATH

(179)

Primary

Marasmus

How long

3 months

Immediate

Marasmus

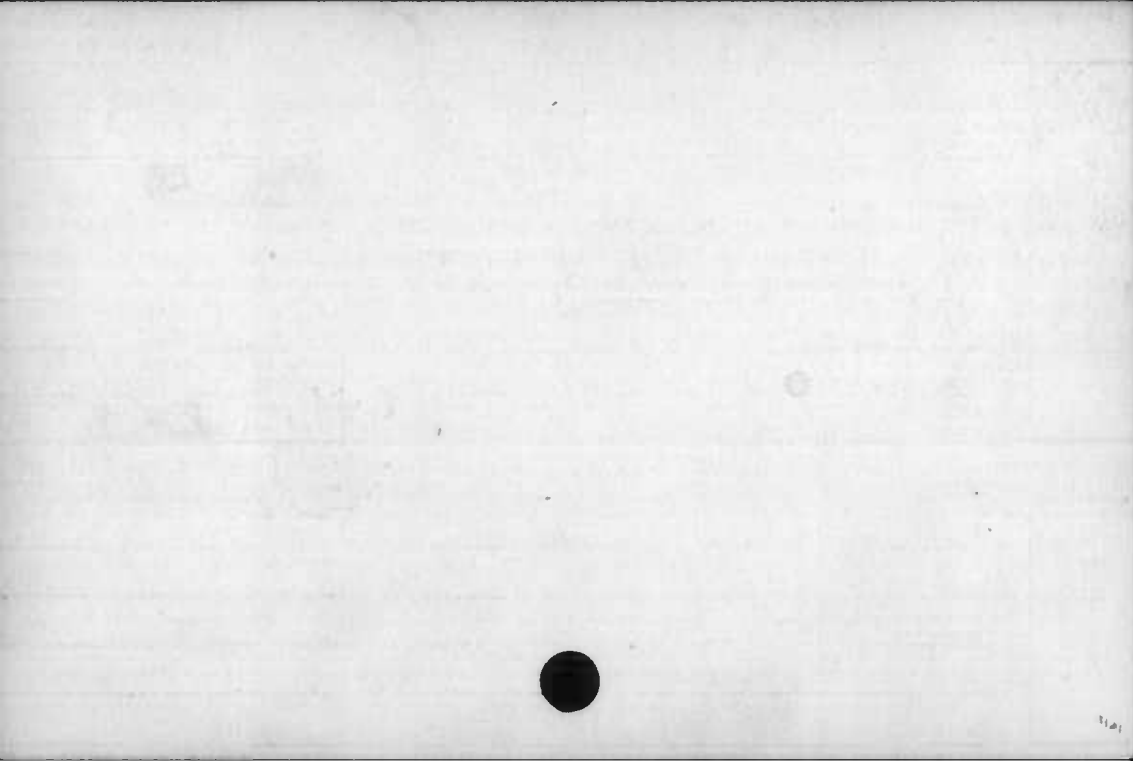
How long

*3 months*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Robert Allegood*

Address

Delmar Del

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George E. Walston

Died at

Near ^{own} Mt. Hermon

County Wicomico

MARYLAND

Date

of death

1909

Month

Oct

Day

20th

Age

33

Years

Months

2

Days

8

Sex

Male

Color or
Race

White

Birth-
place

Wicomico Co., Md.

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Martha J. Walston

Father's
Name

Ebenezer D. Walston

Father's
Birthplace

" " "

Mother's
Maiden Name

Sarah E. Parker

Mother's
Birthplace

" " "

Name of person giving
Information

Ebenezer D. Walston

How related
to deceased

Father

CAUSES OF DEATH

Primary

Typhoid Fever

How long

3 weeks

Immediate

Collapse

How long

Few Hours

Are the name, age, sex, color, data
and place correctly given above?

Yes

Signature of
Physician

Address

Dr. H. Todd
Salisbury Md.

Accident or Suicida

(over)

PHYSICIAN
OR CORONER

This was patient of
Dr. G. W. Smith of Parsonsburg
+ I was call in consul-
tation

G. W. Todd

Name
in
Full

CERTIFICATE OF DEATH

Lucy M. Willing

Died at Salisbury Town Wicomico County MARYLAND

Date of death 190 9 Month Oct Day 16 Age 13 Years Months 4 Days 12

Sex Female Color or Race white Birth-place Md

Occupation School girl Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Edwinton G. Willing

Father's Birthplace Md

Mother's Maiden Name Mary A. Morris

Mother's Birthplace Md

Name of person giving Information Mary A. Willing

How related to deceased Mother

CAUSES OF DEATH

27

Primary Pulmonary tuberculosis

How long Does not know

Immediate Exhaustion

How long few days

Are the name, age, sex, color, data and place correctly given above? Yes

Signature of Physician

Address

PHYSICIAN
OR CORONER

as I know

J. McCandless
Salisbury, Md

Accident or Suicidal No

I saw the certificate first from yesterday
hence I have not reported it

